

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC			FEC IDENTIFICATION NUMBER ▼ C C00027466		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ACQUIRE DIGITAL			Date of Public Distribution/Dissemination 08 / 08 / 2016		
Mailing Address 512A EAST IRIS DR			Amount 8137.11		
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT201671093-1 Date of Disbursement or Obligation 08 / 05 / 2016		
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/ Type 			
Name of Federal Candidate BAYH EVANS BIRCH III		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		230762.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee ACQUIRE DIGITAL			Date of Public Distribution/Dissemination 08 / 09 / 2016		
Mailing Address 512A EAST IRIS DR			Amount 8000.00		
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT201671095-1 Date of Disbursement or Obligation 08 / 04 / 2016		
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/ Type 			
Name of Federal Candidate BAYH EVANS BIRCH III		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		230762.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16137.11		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Banning Jay		[Electronically Filed]		Date 08 / 10 / 2016	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC	FEC IDENTIFICATION NUMBER ▼ C C00027466
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee DEL RAY MEDIA		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 08 / 09 / 2016	
Mailing Address 1427 LESLIE AVE.		Amount 10000.00	
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : WFT201671096-1 Date of Disbursement or Obligation M M / D D / Y Y Y Y 08 / 05 / 2016
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/ Type 	
Name of Federal Candidate BAYH EVANS BIRCH III		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought 230762.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 08 / 09 / 2016	
Mailing Address 512A EAST IRIS DR		Amount 1865.22	
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT201671097-1 Date of Disbursement or Obligation M M / D D / Y Y Y Y 08 / 08 / 2016
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/ Type 	
Name of Federal Candidate BAYH EVANS BIRCH III		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought 230762.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11865.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Banning Jay

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Date

M M / D D / Y Y Y Y
08 / 10 / 2016

Signature

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(Schedule E)PAGE 3 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">Y Y Y Y Y Y Y Y </table>	

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">09</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>	
Mailing Address 512A EAST IRIS DR		Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">86505.00</table>	
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT201671098-1 Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">04</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/ Type <table border="1" style="display:inline-table; width:60px; height:20px"></table>	
Name of Federal Candidate HASSAN MARGARET		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">1149798.52</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee STRATEGIC MEDIA PLACEMENT		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">09</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>	
Mailing Address 7669 STAGERS LOOP		Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">421390.62</table>	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : WFT2016710910-1 Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">04</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type <table border="1" style="display:inline-table; width:60px; height:20px"></table>	
Name of Federal Candidate HASSAN MARGARET		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">1149798.52</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">507895.62</table>
(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1" style="display:inline-table; width:150px; height:20px"></table>
(c) TOTAL Independent Expenditures.....	<table border="1" style="display:inline-table; width:150px; height:20px"></table>

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Banning Jay

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) NRSC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00027466 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 512A EAST IRIS DR		Amount 37501.33	
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT2016710911-1
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 05 / 2016	
Name of Federal Candidate HASSAN MARGARET		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1149798.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee DEL RAY MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 1427 LESLIE AVE.		Amount 370491.50	
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : WFT2016710912-1
Purpose of Expenditure MEDIA PLACEMENT	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016	
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 1048048.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	407992.83
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

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Banning Jay

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08 / 10 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>	

Full Name of Payee ACQUIRE DIGITAL			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">09</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2016</table>		
Mailing Address 512A EAST IRIS DR			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">80391.06</table>		
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT2016710914-1		
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/ Type <table border="1" style="display:inline-table; width:60px; height:20px;"></table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">04</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2016</table>		
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">1048048.62</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee ACQUIRE DIGITAL			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">09</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2016</table>		
Mailing Address 512A EAST IRIS DR			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">18375.00</table>		
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT2016710915-1		
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/ Type <table border="1" style="display:inline-table; width:60px; height:20px;"></table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">05</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2016</table>		
Name of Federal Candidate MASTO CORTEZ CATHERINE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">1048048.62</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">98766.06</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<table border="1" style="display:inline-table; width:150px; height:20px;"></table>
(c) TOTAL Independent Expenditures..... ►	<table border="1" style="display:inline-table; width:150px; height:20px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Banning Jay

[Electronically Filed]

Date

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Signature

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 512A EAST IRIS DR		Amount 8000.00	
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT2016710917-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/ Type	
Name of Federal Candidate STRICKLAND THEODORE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		669951.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

Full Name of Payee STRATEGIC MEDIA PLACEMENT		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 7669 STAGERS LOOP		Amount 501337.42	
City DELAWARE	State OH	Zip Code 43015	Transaction ID : WFT2016710919-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type		
Name of Federal Candidate STRICKLAND THEODORE	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought	669951.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	509337.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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MM / DD / YYYY

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NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016
Mailing Address 512A EAST IRIS DR		Amount 83883.87
City NASHVILLE	State TN	Zip Code 37204
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type	Transaction ID : WFT2016710920-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016
Name of Federal Candidate STRICKLAND THEODORE		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016
Mailing Address 512A EAST IRIS DR		Amount 41391.60
City NASHVILLE	State TN	Zip Code 37204
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type	Transaction ID : WFT2016710922-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 05 / 2016
Name of Federal Candidate STRICKLAND THEODORE		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	125275.47
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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*Banning Jay**[Electronically Filed]*

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee STRATEGIC MEDIA PLACEMENT		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016
Mailing Address 7669 STAGERS LOOP		Amount 9500.00
City DELAWARE	State OH	Zip Code 43015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/ Type	Transaction ID : WFT2016710923-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 05 / 2016
Name of Federal Candidate STRICKLAND THEODORE	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 669951.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee STRATEGIC MEDIA PLACEMENT		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016
Mailing Address 7669 STAGERS LOOP		Amount 4600.80
City DELAWARE	State OH	Zip Code 43015
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/ Type	Transaction ID : WFT2016710925-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 05 / 2016
Name of Federal Candidate STRICKLAND THEODORE	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 669951.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14100.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee STRATEGIC MEDIA PLACEMENT		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016
Mailing Address 7669 STAGERS LOOP		Amount 190859.07
City DELAWARE	State OH	Zip Code 43015
Purpose of Expenditure MEDIA PLACEMENT	Category/Type	Transaction ID : WFT2016710926-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016
Name of Federal Candidate MCGINTY ALANA KATHLEEN		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		317597.03

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016
Mailing Address 512A EAST IRIS DR		Amount 60570.15
City NASHVILLE	State TN	Zip Code 37204
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/Type	Transaction ID : WFT2016710927-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016
Name of Federal Candidate MCGINTY ALANA KATHLEEN		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		317597.03

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	251429.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Banning Jay

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Date

MM / DD / YYYY
08 / 10 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">09</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>	
Mailing Address 512A EAST IRIS DR		Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">8000.00</table>	
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT2016710929-1 Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">04</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type <table border="1" style="display:inline-table; width:60px; height:20px;"></table>	
Name of Federal Candidate MCGINTY ALANA KATHLEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">317597.03</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">09</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>	
Mailing Address 512A EAST IRIS DR		Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">23167.81</table>	
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT2016710930-1 Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">05</table> / <table border="1" style="display:inline-table; width:80px; height:20px; text-align:center">2016</table>
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/Type <table border="1" style="display:inline-table; width:60px; height:20px;"></table>	
Name of Federal Candidate MCGINTY ALANA KATHLEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">317597.03</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">31167.81</table>
(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1" style="display:inline-table; width:150px; height:20px;"></table>
(c) TOTAL Independent Expenditures.....	<table border="1" style="display:inline-table; width:150px; height:20px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Banning Jay

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(Schedule E)PAGE 11 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee STRATEGIC MEDIA PLACEMENT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016		
Mailing Address 7669 STAGERS LOOP			Amount 3000.00		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : WFT2016710939-1		
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2016		
Name of Federal Candidate MCGINTY ALANA KATHLEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		317597.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee STRATEGIC MEDIA PLACEMENT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016		
Mailing Address 7669 STAGERS LOOP			Amount 7200.00		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : WFT2016710940-1		
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2016		
Name of Federal Candidate MCGINTY ALANA KATHLEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		317597.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10200.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Banning Jay

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Date

MM / DD / YYYY
08 / 10 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee STRATEGIC MEDIA PLACEMENT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016		
Mailing Address 7669 STAGERS LOOP			Amount 24800.00		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : WFT20167101010-1		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2016		
Name of Federal Candidate MCGINTY ALANA KATHLEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		317597.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee ACQUIRE DIGITAL			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016		
Mailing Address 512A EAST IRIS DR			Amount 6068.11		
City NASHVILLE	State TN	Zip Code 37204	Transaction ID : WFT20167101013-1		
Purpose of Expenditure DIGITAL MEDIA PLACEMENT		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2016		
Name of Federal Candidate BAYH EVANS BIRCH III		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		230762.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30868.11
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Banning Jay

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Date

MM / DD / YYYY
08 / 10 / 2016

Signature

NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee DEL RAY MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2016	
Mailing Address 1427 LESLIE AVE.		Amount 171692.50	
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : WFT201671091-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type		
Name of Federal Candidate BAYH EVANS BIRCH III	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: _____ State: IN
Calendar Year-To-Date Per Election for Office Sought	230762.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

Full Name of Payee DEL RAY MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2016	
Mailing Address 1427 LESLIE AVE.		Amount 25000.00	
City ALEXANDRIA	State VA	Zip Code 22301	Transaction ID : WFT201671094-1 Date of Disbursement or Obligation MM / DD / YYYY 08 / 05 / 2016
Purpose of Expenditure MEDIA PRODUCTION	Category/ Type		
Name of Federal Candidate BAYH EVANS BIRCH III	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ►	District: _____ State: IN
Calendar Year-To-Date Per Election for Office Sought	230762.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	196692.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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MM / DD / YYYY

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NAME OF COMMITTEE (In Full) NRSC		FEC IDENTIFICATION NUMBER ▼ C C00027466	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee STRATEGIC MEDIA PLACEMENT			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016		
Mailing Address 7669 STAGERS LOOP			Amount 21238.00		
City DELAWARE	State OH	Zip Code 43015	Transaction ID : WFT2016710924-1		
Purpose of Expenditure MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 05 / 2016		
Name of Federal Candidate STRICKLAND THEODORE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		669951.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21238.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	2232966.17

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Banning Jay**[Electronically Filed]*

Date

MM / DD / YYYY
08 / 10 / 2016

Signature